

LAKE SHORE CENTRAL SCHOOLS

EVANS-BRANT CENTRAL SCHOOL DISTRICT

DISTRICT OFFICE: 959 BEACH ROAD, ANGOLA, NEW YORK 14006-9782

On Beautiful Lake Erie

All Schools 716-549-2300
Fax 716-549-6407
www.lakeshorecsd.org

SENIOR HIGH
959 BEACH ROAD
ANGOLA, NY 14006-9782
716-926-2307
FAX 716-549-4033

MIDDLE SCHOOL
8855 ERIE ROAD
ANGOLA, NY 14006-9624
716-926-2400
FAX 716-549-4374

ANTHONY J. SCHMIDT
9455 LAKE SHORE ROAD
ANGOLA, NY 14006-9400
716-926-2350
FAX 716-549-4428

HIGHLAND
6745 ERIE ROAD
DERBY, NY 14047-9698
716-926-2460
FAX 716-549-2337

JOHN T. WAUGH
100 HIGH STREET
ANGOLA, NY 14006-1300
716-926-2370
FAX 716-549-2380

TRANSPORTATION
8710 N. MAIN STREET
ANGOLA, NY 14006-9603
716-926-2240
FAX 716-549-4369

W. T. HOAG EDUC. CENTER
42 SUNSET BOULEVARD
ANGOLA, NY 14006-1000
716-926-2480
FAX 716-549-4391

Dear Parents/Guardians:

We encourage our students to allow for some down time during their busy days and ask that parents give this serious thought. Some students have extra-curricular activities that take them well into the evening and lunch can provide that mental down time.

Please initial on each line below stating you understand the expectations. Please sign to give permission to waive your son/daughter's lunch. This form is due back to the High School Counseling Center.

Permission to Waive Lunch for 2021-2022 School Year

I give my child permission to not be scheduled for a lunch.

If schedule allows please add the following class: _____

My child will have access to Grab & Go lunch or bring from home. No HOT lunches will be brought to classrooms.

My child is expected to make it to class on time.

My child will not be able to drop a class at any point in the year to add a lunch into their schedule.

My child understands it is within teacher discretion to not allow food into the classroom. Not all learning environments are suited for eating.

My child understands that no changes will be made to schedules after June 30, 2021.

By signing below you are stating that you understand all the above expectations.

Student Name: _____

(Print Clearly)

Parent/guardian signature: _____ **Date** _____

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